(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 2 1 2017

PLEASE PRINT

II. Name of Lobbyist(s) Bianco Professional Association (Name of partnership, firm or corporation, if any: Bianco Professional Association (Name of partnership, firm or corporation) 18 Centre Street				NEWALLANDOLUBE
Bianco Professional Association (Name of partnership, firm or corporation) 18 Centre Street Concord NH 03301 Business Address: (Street) (Goa) 225-7170 (Goa) 226-0165 (Fax) (Town/City) (State) (Zip Code) (History City) (Clelphone) (History City) (Fax) (Fax) Comparing aschmidt@biancopa.com (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). (Full Name of Client as it appears on the Lobbyist Registration Form) OR X All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 331/77 October 25, 2017 July 26, 2017 January 31, 2018 activity from 401/17 to 4930/17 October 25, 2017 January 31, 2018 activity from 10/1/17 to 12/21/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State 's Office, State House, Room 204, Concord. MI 03301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B Report of Honorariums or Expense Reimbursement X If you, your firm, or your family has made political contributions, you must file Addendum C Political Contributions	I. Name of Lobbyist(s)Adar	n Schmidt		NEW HAMPSHIRE DEPARTMENT OF STATE
(Name of partnership, firm or corporation) 18 Centre Street Concord NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code) (Go3 225-7170 (Go3) 226-0165 (Fax) c-mail aschmidt@biancopa.com (Telephone) (HII. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). (Full Name of Client as it appears on the Lobbyist Registration Form) OR X All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 26, 2017 Suly 26, 2017 July 26, 2017 July 26, 2017 January 31, 2018 activity from date of registration to 3/31/17 October 25, 2017 January 31, 2018 activity from 10/1/17 to 10/30/17 October 25, 2017 July 26, 2017 January 31, 2018 activity from 10/1/17 to 12/31/17 V. There have been no fees received and no reportable transactions made since the last report. 11 If this box is checked, complete just this form and submit it to the Secretary of State 's Office, State House, Room 204, Concord. MII 03/301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B Report of Honorariums or Expense Reimbursement X If you, your firm, or your family has made political contributions, you must file Addendum C Political Contributions	II. Name of lobbyist's partnershi	p, firm or corporation, if a	ny:	
Business Address: (Street) (Town/City) (State) (Zip Code) (603) 225-7170 (603) 226-0165 e-mail aschmidt@biancopa.com (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Italy) (Ital	Bianco Professional As	ssociation		
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(Full Name of Client as it appears on the Lobbyist Registration Form) OR X All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 26, 2017 October 25, 2017 July 26, 2017 July 26, 2017 July 26, 2017 Activity from 4/1/17 to 6/30/17 October 25, 2017 Junuary 31, 2018 Activity from 10/1/17 to 12/31/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NII 03301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement X If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contributions	(603 <u>225-7170</u> (Telephone)			nidt@biancopa.com
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Expense Reimbursement X If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions	•		ile Addendum A- Fees and I	Expenses
	If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, yo	ou must file Addendum B- Ro	eport of Honorariums or
	X If you, your firm, or your fami	ly has made political contrib	utions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 16-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	I have read RSA 15, RS // 15-B, Rs and complete to the best of my kno	SA 14-C and RSA 664 and h		
(Signature of lobbyist) (Date) Adam Schmidt			(D)	,

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	essional Association		
(Name of pa	artnership, firm or corporation))	
III. Name of Client	<u></u>		Date07/18/2017
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Committee to Elec	ct House Democrats	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100.00	Office Candidate i	s Seeking
Full name of candidate:	Carson	Sharon	
			(Middle Name/Initial)
Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	Carson (Last Name) 100.00 ind contribution, providentribution on the line ab	Sharon (First Name) ————————————————————————————————————	(Middle Name/Initial) ds or services provided, and enter th
actual cost of the in-kind co enter an estimated value and	Carson (Last Name) 100.00 ind contribution, providentribution on the line ab	Sharon (First Name) e a description of the good ove for amount of contribution	
Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	Carson (Last Name) 100.00 Aind contribution, providentribution on the line about the word "estimate."	Sharon (First Name) ————————————————————————————————————	(Middle Name/Initial) ds or services provided, and enter th

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	is on separate addendum (' forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swe is true and complete to the best of my knowledge and belief.	ear or affirm that the foregoing information
(Signature of lobbyist) Adam J. Schmidt	07/18/2017 (Date)
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa			
	irtnership, firm or coi	poration, if any:	
	essional Association		
(Name of pa	artnership, firm or corporation)		
III. Name of Client			Date 07/18/2017
Political Contributions For each political contrib client/lobbyist and lobby	•		oter 664 paid on behalf of the
Full name of candidate:		Jeb	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100.00	Office Candidate i	s Seeking
Full name of condidates	Senate Republica	n Majority PAC	
Full name of candidate:	Senate Republica		(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)		(Middle Name/Initial)
Amount of contribution \$ If the contribution is an in-l	(1.ast Name) 100.00 kind contribution, provide ontribution on the line about	(First Name) a description of the good	ds or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(1.ast Name) 100.00 kind contribution, provide ontribution on the line about	(First Name) a description of the good	ds or services provided, and enter the ution. If the actual cost is not known
Amount of contribution \$ If the contribution is an in-lactual cost of the in-kind conter an estimated value and	(Last Name) 100.00 kind contribution, provide ontribution on the line about the word "estimate."	(First Name) a description of the good ove for amount of contrib	ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a desc	
actual cost of the in-kind contribution on the line above for	amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional con	tributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
Thave read RSA 15, RSA 15-B and RSA 664 and here	eby swear or affirm that the foregoing information
is true, and complete to the best of my knowledge and	
	07/18/2017
(Signature of Topby 181)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

Bianco Prof	essional Association		
(Name of pa	artnership, firm or corporation)		
III. Name of Client			Date 07/18/2017
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	NH Senate Democ	ratic Caucus	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate i	s Seeking
	d the word "estimate."	· · · · · · · · · · · · · · · · · · ·	
enter an estimated value and	d the word "estimate."		
enter an estimated value and	d the word "estimate."		
enter an estimated value and	d the word "estimate." (Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) kind contribution, provide ontribution on the line abo	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind coenter an estimated value and	(Last Name) kind contribution, provide ontribution on the line abo	(First Name)	

the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, after an estimated value and the word "estimate."
Tmore than three contributions were made, report additional contributions on separate addendum C forms.)
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Signature of loboyist) O7/18/2017 (Date)
Adam J. Schmidt
Print Name of lobbyist)